

<i>SERFF Tracking Number:</i>	<i>SHEL-125628784</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Shelter Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>#1367520 \$100</i>
<i>Company Tracking Number:</i>	<i>03M10108</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0002 Personal Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>DF</i>		
<i>Project Name/Number:</i>	<i>Lammers/</i>		

Filing at a Glance

Company: Shelter Mutual Insurance Company

Product Name: DF

TOI: 01.0 Property

Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)

Filing Type: Rate/Rule

SERFF Tr Num: SHEL-125628784

SERFF Status: Closed

Co Tr Num: 03M10108

Co Status:

Authors: Brian Marcks, Sue Burlingame

Date Submitted: 05/01/2008

State: Arkansas

State Tr Num: #1367520 \$100

State Status: Fees verified and received

Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding
Disposition Date: 05/09/2008

Disposition Status: Filed

Effective Date Requested (New): 10/19/2008

Effective Date Requested (Renewal): 10/19/2008

Effective Date (New): 10/19/2008

Effective Date (Renewal):
10/19/2008

State Filing Description:

General Information

Project Name: Lammers

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 05/09/2008

State Status Changed: 05/09/2008

Corresponding Filing Tracking Number:

Filing Description:

Rates and rules for our Dwelling Fire program have been added and revised to coincide with the form filing made simultaneously in a separate filing (03M10208). Please see Explanatory Memorandum for a description of the revisions.

This filing has no revenue impact.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

SERFF Tracking Number: SHEL-125628784 State: Arkansas

Filing Company: Shelter Mutual Insurance Company State Tracking Number: #1367520 \$100

Company Tracking Number: 03M10108

TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)

Product Name: DF

Project Name/Number: Lammers/

Company and Contact

Filing Contact Information

Brian Marcks, Coordinator of Insurance BCMarcks@shelterinsurance.com
 Department Affairs
 1817 West Broadway (573) 214-4165 [Phone]
 Columbia, MO 65218 (573) 446-7317[FAX]

Filing Company Information

Shelter Mutual Insurance Company CoCode: 23388 State of Domicile: Missouri
 1817 West Broadway Group Code: Company Type:
 Columbia, MO 65218 Group Name: State ID Number:
 (573) 445-8441 ext. [Phone] FEIN Number: 43-0613000

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Shelter Mutual Insurance Company	\$0.00	05/01/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
1367520	\$100.00	04/30/2008

<i>SERFF Tracking Number:</i>	<i>SHEL-125628784</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Shelter Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>#1367520 \$100</i>
<i>Company Tracking Number:</i>	<i>03M10108</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0002 Personal Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>DF</i>		
<i>Project Name/Number:</i>	<i>Lammers/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	05/09/2008	05/09/2008

SERFF Tracking Number: SHEL-125628784

State: Arkansas

Filing Company: Shelter Mutual Insurance Company

State Tracking Number: #1367520 \$100

Company Tracking Number: 03M10108

TOI: 01.0 Property

Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)

Product Name: DF

Project Name/Number: Lammers/

Disposition

Disposition Date: 05/09/2008

Effective Date (New): 10/19/2008

Effective Date (Renewal): 10/19/2008

Status: Filed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>SHEL-125628784</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Shelter Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>#1367520 \$100</i>
<i>Company Tracking Number:</i>	<i>03M10108</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0002 Personal Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>DF</i>		
<i>Project Name/Number:</i>	<i>Lammers/</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		No
Supporting Document	Explanatory Memorandum	Filed	Yes
Rate	Manual Pages	Filed	Yes

SERFF Tracking Number: SHEL-125628784

State: Arkansas

Filing Company: Shelter Mutual Insurance Company

State Tracking Number: #1367520 \$100

Company Tracking Number: 03M10108

TOI: 01.0 Property

Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)

Product Name: DF

Project Name/Number: Lammers/

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>SHEL-125628784</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Shelter Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>#1367520 \$100</i>
<i>Company Tracking Number:</i>	<i>03M10108</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0002 Personal Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>DF</i>		
<i>Project Name/Number:</i>	<i>Lammers/</i>		

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Manual Pages	GR-9, GR-10 and GR-13	Replacement	AR GR Pages 10-19-2008.pdf

OPTIONAL COVERAGES

2. INCREASED LIMITS TO THE BASIC POLICY

a. Additional Living Expense and Loss of Rents - Rates per \$1,000

This option increases the automatic limit provided for the additional costs incurred to maintain the household or for the loss of rents while the residence is uninhabitable due to a loss caused by an insured peril.

Protection Class:	Peril:	<u>FIRE</u>	<u>E.C.</u>
		<u>1-8</u>	<u>9-11</u>
		<u>1-11</u>	
Additional Living Exp		\$6.40	\$12.11
Loss of Rents		3.40	6.41
			1.73

b. Building Improvements (B-340-B) - Rates per \$1,000

This option increases the automatic limit provided for improvements, additions, alterations, fixtures, and installations made by the insured to the non-owned premises. (Charge for BF, CBF or VMM if applicable.)

Peril	P.C.	Policy Deductible
		<u>\$500</u>
Fire	1-8	\$6.98
	9-11	11.68
E.C.	1-11	2.64

3. WINDSTORM AND HAIL COVERAGE - Rates per \$1,000

Awnings, Canopies or Signs (B-342-B), Outdoor Radio, Television, and Satellite Dish Antennas and Equipment (B-339-B), and Trees, Shrubs, Plants, and Lawns (B-338-B) are covered under the policy EXCEPT for the perils of Windstorm and Hail. These perils may be added using the following rates.

Policy Deductible	<u>\$500</u>
Awnings, etc.	\$46.48
Radio/TV Equipment	4.70
Trees, etc.	31.69

4. CONSTRUCTION THEFT COVERAGE (B-549-B)

Coverage for theft losses from a dwelling under construction may be added by endorsement.

The premium for this endorsement is fully earned when added to the policy.

<u>Policy Term</u>	<u>\$500</u>
6 months	\$ 58
12 months	\$ 87

OPTIONAL COVERAGES

5. EARTHQUAKE DAMAGE ASSUMPTION (B-422-B) - Rates per \$1,000

Coverage for the peril of earthquake may be added by endorsement. This coverage will apply to all items insured for the same limits as provided under the policy. The deductible for the Earthquake Damage Assumption Endorsement is based on a percent of the amount of insurance for each coverage and is applied separately to each coverage.

Note: Dwelling rate applies to Dwelling, Mobile Home, Other Structures, and increased limits on Additional Living Expense and Loss of Rents. Personal Property rate applies to Personal Property, Contents of Permitted Occupancy, Merchandise in Storage, and increased limits on Building Improvements.

		Zone			
		3	4	5	6
<u>5% Deductible</u>					
Dwelling	- Frame			\$.66	\$.58
	- All Other			1.04	.94
Personal Property				.48	.42
<u>10% Deductible</u>					
Dwelling	- Frame	\$ 1.28	\$.62	\$.46	\$.40
	- All Other	1.80	.98	.78	.72
Personal Property		.88	.44	.34	.28

Deductible Options - Apply to the 10% Deductible rates above.

Deductible:	<u>15%</u>	<u>20%</u>	<u>25%</u>
Factor:	.95	.90	.85

Zone 3 - *Clay, *Craighead, *Crittenden, *Cross, *Greene, *Jackson, *Lee, *Mississippi, *Poinsett and *St. Francis Counties.

Zone 4 - *Arkansas, *Independence, *Lawrence, *Monroe, *Phillips, *Prairie, *Randolph, *Sharp, *White and *Woodruff Counties.

Zone 5 - Baxter, Cleburne, Conway, Desha, Faulkner, Fulton, Izard, Jefferson, Little River, Lonoke, Marion, Pulaski, Searcy, Sebastian and Stone Counties.

Zone 6 - Remainder of State.

***Property located in these counties MUST be written with a minimum Earthquake Deductible of 15%.**

OPTIONAL COVERAGES

11. VENDOR'S SINGLE INTEREST (B-457-B)

When the policy insures a mobile home, Vendor's Single Interest protection may be added by endorsement. This coverage will protect the lien holder against loss due to collision, conversion, embezzlement or secretion of the mobile home by the insured. Each mobile home covered by this endorsement must be written under a separate policy.

Charge per mobile home \$18

12. REPAIR OR REPLACEMENT COST COVERAGE – CONTENTS (B-612-B)

This coverage on contents may be added by endorsement. When added, contents must be insured for 100% of replacement cost. The factor applies to the premiums for Fire, E.C., Broad Form, Custom Broad Form and Vandalism for the contents item insured. NOTE: the optional deductible factors will apply to both the factor and minimum premium for this coverage. Figures below are at \$500 Deductible.

Factor	1.24
Minimum	\$ 24

13. LIABILITY

Bodily Injury and Property Damage Liability and Medical Payments Coverages may be purchased by endorsement. **Comprehensive Personal Liability** is available only to owner-occupants or tenant-occupants of the residence premises. When this is purchased, coverage may then be extended to 1 or 2 family rented dwellings (not farm or commercial property), using the rates shown for Landlord's Liability Protection. **Landlord's Liability Protection** is available only to the owner-non-occupant of a 1 or 2 family rented dwelling and is limited to the residence premises described on the declarations.

a. Comprehensive Personal Liability (B-38-B)

Liability Limits	Medical Payments Limits			
	<u>\$1,000</u>	<u>\$2,000</u>	<u>\$5,000</u>	<u>\$10,000</u>
\$ 25,000	\$18	\$24	\$30	\$42
50,000	19	25	34	45
100,000	22	26	35	47
200,000	25	29	37	50
300,000	28	30	40	52
400,000	29	31	41	53
500,000	30	32	42	54
1,000,000	60	64	84	108

b. Landlord's Liability Protection (B-454-B)

Liability Limits	Medical Payments Limits			
	<u>\$1,000</u>	<u>\$2,000</u>	<u>\$5,000</u>	<u>\$10,000</u>
\$ 25,000	\$12	\$14	\$22	\$31
50,000	14	17	24	34
100,000	17	19	26	36
200,000	19	22	29	39
300,000	22	24	31	41
400,000	24	26	34	43
500,000	26	29	36	45
1,000,000	52	58	72	90

SERFF Tracking Number: SHEL-125628784

State: Arkansas

Filing Company: Shelter Mutual Insurance Company

State Tracking Number: #1367520 \$100

Company Tracking Number: 03M10108

TOI: 01.0 Property

Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)

Product Name: DF

Project Name/Number: Lammers/

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Review Status:

Filed

05/09/2008

Comments:

Please see attachment.

Attachment:

AR DFM Transmittal.pdf

Satisfied -Name: Explanatory Memorandum

Review Status:

Filed

05/09/2008

Comments:

Please see attachment.

Attachment:

AR Expl Memo - Mut.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
---	---

3.	Group Name	Group NAIC #
	Shelter Insurance Companies	123

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Shelter Mutual Insurance Company	MO	23388	43-0613000	

5.	Company Tracking Number	03M10108
-----------	--------------------------------	----------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Brian Marcks 1817 West Broadway Columbia, MO. 65218	Coordinator of Insurance Dept. Affairs	573-214-4165	573-446-7317	bcmarcks @shelterinsurance.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Brian Marcks

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	01.0
10.	Sub-Type of Insurance (Sub-TOI)	01.0002
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12.	Company Program Title (Marketing title)	Dwelling Fire and Allied Lines
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 10/19/2008 Renewal: 10/19/2008

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	May 1, 2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	03M10108
------------	--	----------

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	--

Rules and rates have been added and revised. No change in revenue is being made.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: 1367520 Amount: \$100 </div> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

These pages are informational only and do not need to be submitted with your filings!

Notes for Uniform Property & Casualty Transmittal Document

DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
 - a. Date the filing is received by the Insurance Dept.**
 - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
 - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
 - d. Date of Disposition of the filing**—date filing is finished
 - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
 - f. State Filing #:** The number the state assigns to the filing (if applicable).
 - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
 - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix). This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

14. Effective Date Requested: This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

15. Reference Filing: Yes/No

16. Reference Organization (if applicable): The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

17. Reference Organization Number & Title (if applicable): This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

18. Company’s Date of filing: The date the company sends the filing.

19. Status of filing in domicile: Place for the company to show if filing has been filed in domicile and its status.

20. This filing transmittal is part of Company Tracking #: This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

21. Filing Description: This area can be used in lieu of a cover letter or filing memorandum and is free-form text.

22. Filing Fees: Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.

**SHELTER MUTUAL INSURANCE COMPANY
ARKANSAS DWELLING FIRE AND ALLIED LINES
EXPLANATORY MEMORANDUM**

SUMMARY

Rules and rates have been added and revised. A detailed description of changes follows.
No change in revenue is being made.

GENERAL RULE (GR) PAGES

- GR-9 Rule 4. Construction Theft Coverage** – has been revised. The previous 180 day limit for coverage has been removed. The coverage is now available for both a 6 month and a 12 month policy term.
- GR-10 Rule 5. Earthquake Damage Assumption** – wording has been revised to more clearly show that the deductible applies separately to each coverage.
- GR-13 Rule 12. Repair or Replacement Cost Coverage - Contents** – is a new coverage being offered.
Rule 13. Liability – an option of \$1,000,000 limits of liability has been added to both parts a. and b. of this rule. This rule was renumbered.